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2023 MAY 18 AM 11:03

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Gabriel J. Rivera

1411806311

Write the full name of each plaintiff.

**23 CV 4128**

No. N/A

(To be filled out by Clerk's Office)

-against-

Louis Molina

City of New York.

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Gabriel

First Name

Jose

Middle Initial

Rivera

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

1411806311 01810143J

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rikers island 1606 Hazen St.

Current Place of Detention

Institutional Address

West Facility 1606 Hazen St. East Elmhurst NY 11370

County, City

State

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Louis Molina  
 First Name Last Name Shield #  
Correction Commissioner  
 Current Job Title (or other identifying information)  
16-06 Hazen St.  
 Current Work Address  
East Elmhurst, N.Y. 11370  
 County, City State Zip Code

Defendant 2:

City of New York  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 County, City State Zip Code

Defendant 3:

First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 County, City State Zip Code

Defendant 4:

First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 County, City State Zip Code

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: Rikers Island, West Facility

Date(s) of occurrence: \_\_\_\_\_

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Correction Commissioner Louis Molina has been lying to the N.Y.C. Council members. Claiming that no detainee on Rikers Island are being subject to solitary confinement. I have been subjected to being locked in a cell or cage 24/7 with little to no human contact. Even though the use of said confinement has been deemed inhumane by state and local law. Being subjected to such extensive confinement has caused me severe mental anguish, pain, and suffering. It has caused my mental health to deteriorate. Everytime I'm brought to the yard the Corrections Officer places me in a solitary confinement cage. However I tell them every time that I do not consent to such cruel and unusual punishment without proper due process of the law, being that I have no disciplinary reason to be in such a cage. Without any just cause or due process of the law the use of such solitary confinement is inhumane and direct violation of my 8<sup>th</sup> admendment right to be protected against cruel and unusual punishment. Furthermore ~~a~~ violates

my 14<sup>th</sup> admendment right to proper due process of the law.

### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Mental anguish, pain and suffering.  
lack of medical care

### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Cruel and unusual punishment: \$10,000.00 each day.  
Mental Anguish: \$10,000.00 each day.  
Pain and Suffering: \$10,000.00 each day.

For a total of                      days, or what  
the courts deems just.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

4/21/2023  
 Dated \_\_\_\_\_  
Gabriel Jose Rivera  
 First Name Middle Initial Last Name  
1606 Hazen Street East Elmhurst N.Y 11370  
 Prison Address  
Queens New York 11370  
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 4/21/2023



PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



PRIORITY MAIL

Estimated delivery date specified for domestic use.

Domestic shipments include \$100 of insurance (restrictions apply).\*

Tracking® service included for domestic and many international destinations.

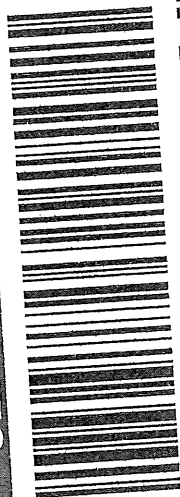
and international insurance.\*\*

Used internationally, a customs declaration form is required.

Does not cover certain items. For details regarding claims exclusions see the Mail Manual at <http://pe.usps.com>.

International Mail Manual at <http://pe.usps.com> for availability and limitations of coverage.

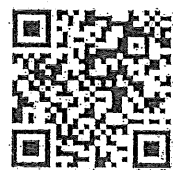
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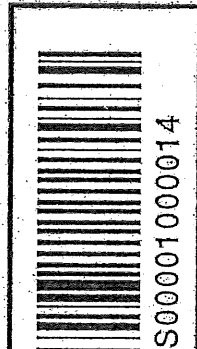
CKED ■ INSURED

To schedule free Package Pickup, scan the QR code.



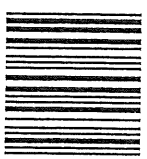
EP14F July 2022  
OD: 12 1/2 x 9 1/2

USPS.COM/PICKUP



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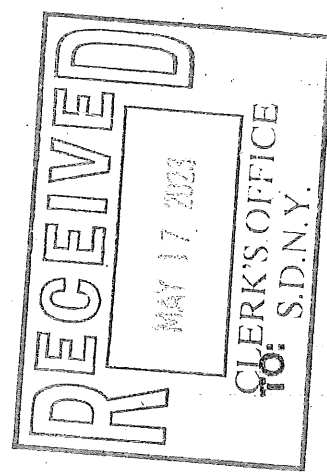
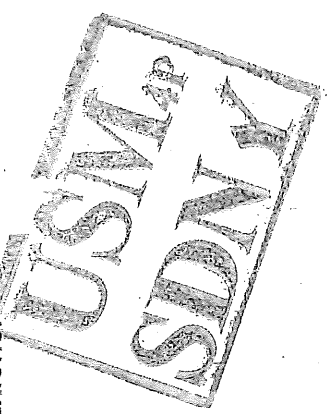
10007



RDC 20

FROM:

Gabriel Rivera 141806311  
16-00 Hazen St  
East Elmhurst NY 11370



CLERK'S OFFICE  
TO:  
S.D.N.Y.

Clerk office SDNY  
500 Pearl Street  
New York, NY 10007

SDNY PRO SE OFFICE  
2023 MAY 18 AM 11:08

Pro Se